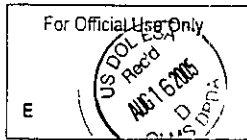


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>—</u> 2707 0	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>NANCE</u> <u>L</u> <u>BALLMAN</u> P.O. Box, Bldg., Room No., if any <u>SUITE 6</u> Street <u>225 E. ROSELAWN AV</u> City <u>ST PAUL</u> State <u>MN</u> ZIP Code + 4 <u>55117-1944</u>	4. Name, file number, and address of labor organization. Name <u>COMMUNICATION WORKERS OF AMERICA</u> <u>LOCAL 7201</u> Labor Organization File Number <u>000.188</u> P.O. Box, Building and Room Number, if any <u>SUITE 6</u> Street <u>225 E ROSELAWN AV</u> City <u>ST PAUL</u> State <u>MN</u> ZIP Code + 4 <u>55117-1944</u>
5. Position in labor organization. <u></u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

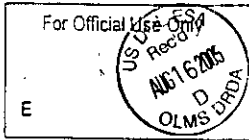
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>QWEST COMMUNICATIONS</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>1801 CALIFORNIA</u> City <u>DENVER</u> State <u>COLORADO</u> ZIP Code + 4 <u>80202-2638</u>	7.a. Nature of Interest, Transaction, or Income. <u>CWA/QWEST MOSHC</u> <u>Safety Conference</u> <u>Golden Colorado</u> <u>4-21 - 4-23, 2004</u> 7.b. Amount. • air fare / Trip to Denver = \$224 • hotel / 2 nights = \$191 • meals (6) = \$502 • <u>\$87 total</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Nance Ballman</u>	On <u>8-11-05</u> <u>651-774-7201</u> Date Telephone Number

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

copy #10

1. File Number U - <u> </u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>NANCE L BALLMAN</u> P.O. Box, Bldg., Room No., if any <u>SUITE 6</u> Street <u>225 E. ROSELAWN</u> City <u>ST PAUL</u> State <u>MN</u> ZIP Code + 4 <u>55117-1944</u>	4. Name, file number, and address of labor organization. Name <u>CWA LOCAL 7201</u> Labor Organization File Number <u>00018</u> 000.188 P.O. Box, Building and Room Number, if any <u>SUITE 6</u> Street <u>225 E. ROSELAWN</u> City <u>ST PAUL</u> State <u>MN</u> ZIP Code + 4 <u>55117-1944</u>
5. Position in labor organization. <u>SECRETARY CWA LOCAL 7201</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>QWEST COMMUNICATIONS</u> Trade Name, if any: <u> </u> P.O. Box, Bldg., Room No., if any: <u> </u> Street <u>1801 CALIFORNIA</u> City <u>DENVER</u> State <u>COLORADO</u> ZIP Code + 4 <u>80202-2658</u>	7.a. Nature of Interest, Transaction, or Income. <u>CWA/QWEST MOSHC</u> <u>Safety Conference</u> <u>Golden Colorado</u> <u>4-21 - 4-23, 2004</u> 7.b. Amount. • <u>airfare / mpls to Denver = \$224.</u> • <u>hotel / 2 nights = \$191.</u> <u>\$502.00</u> • <u>meals (6) = \$87. total</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Nance Ballman</u>	On <u>7-6-05</u> <u>651-774-7201</u> Date Telephone Number

8-11-05

This is a corrected LM-30 form
being sent. My original form
was sent 7-6-05.



Sincerely,

Nance Ballman